



[illegible]

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[illegible]

[illegible]

SECTION 2: MARITAL STATUS AND ORPHANHOOD CONT'D

[illegible]

[illegible]

SECTION 4: EDUCATION - FOR ALL PERSONS AGED 5 YEARS AND ABOVE

INTRODUCTION: I am now going to ask you about the education status of members of the household

[illegible]

[illegible]

SECTION 5: HOUSEHOLD ECONOMIC STATUS

| Number | Questions | Answer Categories and codes | Code |
|--------|--|--|----------------------|
| 1 | How many members of the household earned regular income from formal employment in the last 1 month? | Number <input type="text"/> <input type="text"/> Don't Know.....88 No response99 | |
| 2 | How many members of the household earned income from piece work in the last 1 month? | Number <input type="text"/> <input type="text"/> Don't Know.....88 No response99 | |
| 3 | How much was earned by all members of the household in the last 1 month? | Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know.....88 No response99 | |
| 4 | How much did this household earn from sources other than through working in the last 1 month? | Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know.....88 No response99 | |
| 5 | What are all the sources of income earned in the last 1 month | Wage Employment1 Running a business/self employed.....2 Farming, Fishing, Forestry.....3 Sale of household assets.....4 Sale of livestock.....5 Sale of own crop/food produced.....6 Sale of crafts.....7 Remittances in.....8 Donations (inc. in-kind).....9 Other (specify)10 | |
| 6 | Does anyone in this household support children outside the household? | Yes.....1 No.....2 N/A.....8 | <input type="text"/> |
| 7 | How much money was spent on these children in the last 1 month? | Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know.....88 No response99 | |
| 8 | How much did the household spend, on all items in the last 1 month? (Mealie meal, charcoal/firewood/electricity, Cooking oil, Vegetables, Meat/Chicken, Sugar/Milk/Tea/coffee/cocoa, Bath/wash soap, Rent and Other) | Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know.....88 No response99 | |

SECTION 6: HOUSEHOLD ASSETS

INTRODUCTION: I am now going to ask you questions about whether or not your household owns the following items.

| ASSET | 1. Does this household own a/an now? 1 YES 2 NO | ASSET | 1. Does this household own a/an now? 1 YES 2 NO |
|--------------------|---|---|---|
| 6.1. Plough | CODE | 6.13. Electric iron | CODE |
| 6.2. Crop sprayer | | 6.14. Refrigerator/ Deep freezer | |
| 6.3. Fishing boat | | 6.15. Telephone (including cellular phone) | |
| 6.4. Canoe | | 6.16. Sewing/knitting machine | |
| 6.5. Fishing net | | 6.17. Stove/cooker | |
| 6.6. Bicycle | | 6.18. Non-residential building | |
| 6.7. Motor cycle | | 6.19. Residential house/building | |
| 6.8. Motor vehicle | | 6.20. Scotch cart | |
| 6.9. Tractor | | 6.21. Donkeys | |
| 6.10. Television | | | |
| 6.11. Video player | | | |
| 6.12. Radio | | | |

SECTION 7: HOUSING CONDITION, FACILITIES, AND AMENITIES

| Number | Questions | Answer Categories and codes | Code |
|--------|---|---|---|
| 1 | What kind of dwelling does household live in now? | Detached house.....1 Semi-detached house.....2 Flat.....3 House attached to a shop...4 Hut.....5 Makeshift/Unintentional.....6 Other (specify).....7 | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> |
| 2 | How many rooms are in the dwelling excluding toilets and bathrooms? | Number of rooms | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; display: flex; border-collapse: collapse;"> <div style="border-right: 1px solid black; width: 20px;"></div> <div style="width: 20px;"></div> </div> |
| 3 | What kind of building materials is the dwelling the household is living in made of? | Asbestos.....1 Iron Sheets.....2 Kimberly Bricks.....3 Concrete.....4 Mud bricks.....5 Grass/Straw.....6 Poll.....7 Poll and Dagga.....8 Mud.....9 Other (specify).....10 | <div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>ROOF <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div></div> <div>WALLS <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div></div> <div>FLOOR <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></div></div> </div> |
| 4 | On what basis does the household occupy the dwelling? | Own.....1 Rented.....2 Free of Charge.....3 Other (specify).....4 | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> |
| 5 | What is the main source of drinking water | River, Lake1 Unprotected Well.....2 Protected Well.....3 Public Tap.....4 Own Tap.....5 Other (specify).....6 | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> |
| 6 | Does the household boil/treat water? | Yes.....1 No.....2 N/A.....8 | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> |
| 7 | What is the main source of energy for lighting? | Kerosene.....1 Electricity.....2 Candle.....3 Other.....4 N/A.....8 | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> |
| 8 | What is the main source of energy for cooking? | Firewood, Collected.....1 Firewood Purchased.....2 Charcoal, Own Produced.....3 Charcoal, Purchased.....4 Kerosene.....5 Gas.....6 Electricity.....7 Crop/Livestock Residue.....8 Other (specify).....9 | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> |
| 9 | What is the main toilet facility? | Flush Toilet.....1 Pit Latrine.....2 Bucket.....3 Aqua Privy.....4 Other (specify).....5 None.....6 | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> |
| 10 | What is the main method of garbage disposal? | Refuse Collection.....1 Pit.....2 Dumping.....3 Other (specify).....4 | <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div> |

SECTION 8: PERCEPTIONS OF CARE GIVER OF HIV/AIDS RELATED ISSUES

| Number | Questions | Answer Categories and codes | Code |
|--------|--|---|---|
| 1 | During the past two years, have you seen an increase in the number of orphans living in your neighborhood? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 2 | What do you think are the main reasons that there are more children orphaned in your area? | Malaria.....1 Accidental Deaths.....2 HIV/AIDS.....3 Chronic diseases4 During child birth.....5 Other specify6 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 3 | During the past two years, have you seen an increase in the number of children in need living in your neighborhood? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 4 | What do you think are the main reasons that there are more children orphaned in your area? | Malaria.....1 Deaths of parents.....2 Chronic diseases3 Other specify4 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 5 | During the past two years, have you seen an increase in the number of families taking care of orphaned children living in your neighborhood? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 6 | What are the main concerns for orphans and children in need in your community? | Educational support.....1 Food/nutrition.....2 Medical/health.....3 Social-emotional support4 Life skills training.....5 Other specify6 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 7 | During the past two years, have you seen an increase in the number of people living with HIV/AIDS? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 8 | Do you have close friends or relatives who are living with HIV/AIDS? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 9 | Do you have close friends or relatives who have died of HIV/AIDS? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 10 | Do you have orphans in your house? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 11 | Do the orphans in your house know the cause of death of their parent/s? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 12 | Have they been told the cause of death of their parent/s? | Yes.....1 No.....2 Don't Know.....88 No response99 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| 13 | What were they told about the cause of their parent/s death? | _____ _____ _____ _____ _____ | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |

SECTION 8: PERCEPTIONS OF CARE GIVER OF HIV/AIDS RELATED ISSUES

| Number | Questions | Answer Categories and codes | Code |
|---------------------------|---|---|---|
| 14 | Why were they told about the cause of their parent/s death? | _____ _____ _____ | <input type="text"/> <input type="text"/> |
| 16 | Do you think the children know about HIV/AIDS and related issues? | Yes.....1 No.....2 Don't Know.....88 No response99 | <input type="text"/> <input type="text"/> |
| PERCEPTIONS OF OVC | | | |
| 17 | How many children whose parents have died live with you? | | <input type="text"/> <input type="text"/> |
| 18 | How many children whose parents are alive but are in need live with you? | | <input type="text"/> <input type="text"/> |
| 19 | How do the children whose parents have died get along with your other children? | Play well together.....1 Withdrawn.....2 Hostile.....3 Other specify4 Don't Know.....88 No response99 | <input type="text"/> <input type="text"/> |
| 20 | How do the children who are in your custody get along with your other children? | Play well together.....1 Withdrawn.....2 Hostile.....3 Other specify4 Don't Know.....88 No response99 | <input type="text"/> <input type="text"/> |
| 21 | How have the children who are not yours responded to adults in the house? | Friendly.....1 Unfriendly.....2 Respectful.....3 Helpful.....4 Other specify4 Don't Know.....88 No response99 | <input type="text"/> <input type="text"/> |
| 22 | How have the adults responded to the children that are not yours? | Acceptable.....1 Hostile.....2 Indifferent.....3 Supportive.....4 Protective.....5 Warm.....6 Other specify7 Don't Know.....88 No response99 | <input type="text"/> <input type="text"/> |
| 23 | What changes have taken place in your home since the arrival of these children? | House blessed: child is a gift.....1 House more crowded.....2 Children have more to play with.....3 More fighting4 Less food for everybody.....5 More work to do6 More hands for house/farm work.....7 Other specify8 Don't Know.....88 No response99 | <input type="text"/> <input type="text"/> |
| 24 | Do you think that these children have any special needs? | Yes.....1 No.....2 Don't Know.....88 No response99 | <input type="text"/> <input type="text"/> |
| 25 | What are these needs? | Educational support.....1 Food/nutrition.....2 Medical/health.....3 Social-emotional support4 Spiritual.....5 Life skills training.....6 Other specify7 Don't Know.....88 No response99 | <input type="text"/> <input type="text"/> |

SECTION 9: HOUSEHOLD ACCESS TO SUPPORT SERVICES

| Number | Questions | Answer Categories and codes | Code |
|--|--|---|--|
| IN THE PAST 6 MONTHS HAS THE HOUSEHOLD RECEIVED ANY ... | | | |
| 1 | Food/Nutrition Support? | Yes.....1 No.....2 >>next Q Don't Know.....88 No response99 | Who provided this? Government_____ NGO (Name)_____ Other Specify_____ |
| 2 | Education Support? | Yes.....1 No.....2 >>next Q Don't Know.....88 No response99 | Who provided this? Government_____ NGO (Name)_____ Other Specify_____ |
| 3 | Psychosocial Support? | Yes.....1 No.....2 >>next Q Don't Know.....88 No response99 | Who provided this? Government_____ NGO (Name)_____ Other Specify_____ |
| 4 | Medical/health Support? | Yes.....1 No.....2 >>next Q Don't Know.....88 No response99 | Who provided this? Government_____ NGO (Name)_____ Other Specify_____ |
| 5 | Life skills Support? | Yes.....1 No.....2 >>next Q Don't Know.....88 No response99 | Who provided this? Government_____ NGO (Name)_____ Other Specify_____ |
| 6 | Other Support? (Specify) _____ | Yes.....1 No.....2 >>next Q Don't Know.....88 No response99 | Who provided this? Government_____ NGO (Name)_____ Other Specify_____ |
| 7 | How helpful has the support to the family been? (Specify) | Very helpful.....1 Helpful.....2 Not Helpful3 >>next Section Don't Know.....88 >>next Section No response99 >>next Section | |
| 8 | Who/which organization has been most helpful? (Specify) | Government.....1 NGO (Name)_____2 Other Specify_____3 | <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> |

SECTION 10: MEALS

1. How many meals does the household usually have in a day?

1 Number _____

2 Don't Know

2. What is the usual meal like?

3. Did the household eat anything yesterday?

1 Yes

2 No

4. How many meals did the family eat yesterday?

Number _____

5. What did you eat yesterday?

Morning Time

Don't Know 88

No response 99

Lunch Time

Don't Know 88

No response 99

Evening Time

Don't Know 88

No response 99

END OF INTERVIEW